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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2003-2004

DOCUMENT # A905000000484

1. Name of Limited Partnership
B.B./4, Ltd.

2. Principal Office Address	3. Mailing Office Address
1150 Central Avenue	1150 Central Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34102 Country: USA	Zip: 34102 Country: USA

4. Date Formed or Registered To Do Business in Florida: 03/27/1995

5. FEI Number: 650617572 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7a. Capital Contributions as shown on Record: $7,500.00

7b. Amount of Capital Contributions in FLORIDA to date: $7,500.00

8. Name and Address of Current Registered Agent

Name: Kevin Coleman
Street Address (P.O. Box Number is Not Acceptable): 4001 Tamiami Trail N
Suite, Apt. #, Etc.: 300
City: Naples State: FL Zip Code: 34103

FEES

1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 7b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.

2.) Supplemental Fee(s): [illegible].75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): $500 penalty fee for each year [illegible] a [illegible].

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by all general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) ________ DATE 6/17/04

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Continental Construction of S.W. Fla, Inc.	1150 Central Avenue	Naples, FL 34102	L22501

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing [illegible] and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of noncompliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE ________ DATE 6/17/04

Typed or Printed Name of General Partner Signing Form: James T. Murphy, President and Director of the G.P. Telephone Number ________

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Florida Department of State

Division of Corporations

Public Access System

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(((H04000129060 3)))

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LIMITED PARTNERSHIP REINSTATEMENT

B.B./4, LTD.

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